



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Social Workers

C/o Experior
1260 Energy Lane
St. Paul, MN. 55108
Attn: MA Social Worker

RE-LICENSURE APPLICATION

Expired > 2 Years

1. Applicant Name: _____
Last First Middle

Maiden Name/Other Name: _____

2. Mailing Address: _____
No. Street Apt. #

City/Town State Zip Code

3. Date of Birth: _____

4. Day phone number: _____

5. E-mail: _____

6. Social Security Number: _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

7. What Massachusetts license did you formerly hold (include the number, if known)?

_____ Licensed Independent Clinical Social Worker (LICSW)

_____ Licensed Certified Social Worker (LCSW)*

*For LCSW only, if originally issued prior to 1984, a MSW transcript is required.

_____ Licensed Social Worker (LSW)

_____ Licensed Social Work Associate (LSWA)

8. I hold a _____ degree, awarded by _____ of _____ in _____.
[e.g., AA, BSW, MSW] [School Name] [State] [Year]

9. List any licenses/certifications you hold or have held in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Enclose a

certificate of standing from each state or jurisdiction in which you were ever licensed/certified, indicating the status of your license and any disciplinary information. _____

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed?

Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

**** Individuals whose licenses have been lapsed for greater than two years must re-take the appropriate qualifying examination. After this application is approved, you will be notified of examination payment and scheduling procedures.**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Social Work to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant

Date

Notary Name (print)_____

Notary Signature_____Commission expires_____